

# QUALITY WITHIN YOUR REACH!

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## WHAT IS QUALITY HEALTH CARE?



Quality health care is more than just having a health plan or a certain provider or a particular treatment, and it's more than a matter of cost. Quality means getting what will benefit you most – balancing risks, costs, and quality of life.

#### Six important criteria:

It's effective — the right kind of care for your health condition, based on up-to-date scientific knowledge about what works best.

It's efficient — not wasting time and effort, and using precious resources wisely.

It's safe — delivered without error and avoidable harmful results.

It's timely — getting the most effective care without delays.

**It's focused on the individual** — provided in a manner respecting a person's individual characteristics, needs and concerns.

It's equitable — delivered without discrimination based on personal characteristics like income, ethnicity, culture, or beliefs.

### Who impacts the quality of my health care?

The quality of your health care results from important roles and relationships in the health care system.

#### Government and independent quality review authorities

- Set standards
- Monitor providers and health care organizations (see complaints, page 2)
- Measure and compare quality performance (see accreditation, page 2)

#### Organizations (hospitals, health insurance companies, large physician groups)

- Implement policies, procedures, and programs to promote quality (See pages 2,3, 5-9)
- Monitor quality of providers and services, and customer satisfaction (see pages 5-9)

#### Providers (physicians, nurses, and other care givers)

- Offer the latest scientific information about staying healthy and managing health conditions
- Help you make the most appropriate decisions for your health
- Safely deliver services
- Treat you and all patients with respect and sensitivity

#### You

- Take responsibility for making healthy lifestyle choices
- Make informed decisions about prevention and treatment options
- Manage your health conditions and health risks

### How is quality measured?

Important aspects of quality health care are measured in different ways. *Health Matters* gives you reliable current information to help answer your questions and help make your decisions.

### Do health care organizations make special efforts to promote the highest quality care?

- See how different types of insurance plans enhance your quality of medical care (pages 2-3)
- See which hospitals are implementing best safety practices (pages 10-11)

#### How satisfied are the health plan members?

See how consumers like you rate the HMO/POS plans in a satisfaction survey (page 9)

## Do plan members receive the best services for common conditions and preventive health care?

See how often the members in specific health plans get effective and timely health care (pages 5-8)

### What is HMO accreditation?

A rigorous, in-depth evaluation of the plan by a team of physicians and quality experts. Many large companies, such as General Motors and IBM require their HMO health plans to be accredited by the National Committee for Quality Assurance (NCQA).

Why should I care? The value to you is that NCQA accredited plans must show that the plan improves the health of enrollees by their quality programs and performance scores (see page 5).

Who accredits health plans? The National Committee for Quality Assurance is an independent, nonprofit organization whose mission is to assess and report health plan quality.

#### NCQA Accreditation Status of Colorado Health Plans As of August, 2003.

For more information, visit the NCQA website at www.ncqa.org

Plan	<b>Current Status</b>	Accreditation History
Kaiser Permanente	Excellent	Continuous accreditation 4/1995 to 2/2004
		Next review 11/2003
PacifiCare of	Excellent	Continuous accreditation 6/1996 to 6/2005
Colorado		Next review 3/2005

Health plans, hospitals, and physician groups may also be accredited by other organizations including the Joint Commission on Accreditation of Healthcare Organizations and URAC. For more information: www.ncqa.org, www.jcaho.org and www.urac.org

### What about health care complaints?

#### Comparing 2001 Complaint Ratios



This chart shows how many complaints there were about an insurance plan in relation to how much the company collected in premiums. A complaint ratio of 1.37, for example, means that the plan had approximately 1.37 complaints per million dollars charged in premiums.

Keep in mind, that *no judgment is made as to whether the complaint is justified*.

The Division cautions that small differences in complaint ratios are not very significant.

Source: Colorado Division of Insurance as of August, 2003. www.dora.state.co.us/Insurance

## WHAT ARE THE DIFFERENT TYPES OF PLANS?

It is important to understand what you want or need and how your choice of options affect doctors, hospitals, benefits, services and costs.

	How different health plans work.			
	HMO Health Maintenance Organizations	POS Point of Service option within an HMO	<b>PPO</b> Preferred Provider Organizations	Indemnity Insurance
Features of Plans				
■ Choice of Physician:				
• In Network	HMO network doctor.	POS network doctor.	PPO network doctor.	No network and any doctor.
• Out of Network	Any doctor.	Any doctor.	Any doctor.	No network and any doctor.
■ Benefits:				
• In Network	All contract benefits.	All contract benefits.	All contract benefits.	All contract benefits.
• Out of Network	No benefits, except emergency care.	Some benefits may not be covered.	Some benefits may not be covered.	All contract benefits.
Cost:		-		
• In Network	Copayment.	Copayment.	Copayment and/or coinsurance.	Deductible and coinsurance.
<ul> <li>Out of Network</li> </ul>	Full cost.	Deductible and coinsurance.	Deductible & higher coinsurance.	Deductible and coinsurance.
■ Your cost:				
<ul><li>Premiums</li></ul>	\$\$	\$\$	\$\$	\$\$\$
• and "out-of-pocket"	\$ - \$\$	\$ - \$\$	\$ - \$\$\$	\$ - \$\$\$
■ Claims and Paperwork	HMO: member does not file claims.	In network: member does not file claims. Out of network: member files claims.	In network: member does not file claims. Out of network: member files claims.	Member files claims.
Preventive care benefits: (example, cancer screening or infa	√√√√ ant immunizations)	1111	<b>//</b>	✓
■ Expanded services to manage hear	Ith conditions:			
• Case management	<b>////</b>	<b>///</b>	<b>//</b>	✓
• Disease management	<b>////</b>	<b>J J J</b>	<b>//</b>	✓
• Wellness programs/education	<b>////</b>	<b>///</b>	<b>/</b> /	✓
■ Plan measures, reports and impro	ves quality			
• Plan is accredited by an external organization (NCQA*)	<b>///</b>	<b>///</b>	<b>√</b> √	<b>✓</b>
<ul> <li>Plan reports HEDIS® measures** to show quality of healthcare</li> </ul>	*	<b>///</b>	<b>✓</b>	<b>✓</b>
<ul> <li>Plan surveys members for satisfaction with care</li> </ul>	///	<b>///</b>	11	<b>√</b>
<ul> <li>Plan works with physicians to measure and improve care</li> </ul>	////	<b>///</b>	11	<b>√</b>

#### Health plan NETWORK.

Health plans assemble a **NETWORK** of qualified health care providers, including physicians and hospitals, to serve members.

A health plan also:

- negotiates lower rates with network providers
- checks providers' credentials to make sure they meet plan standards
- contracts with providers who agree to participate in quality improvement activities.

Use "IN NETWORK" providers to get the most benefit from your plan, as you will likely be responsible for a greater share of the bill if you use out-of-network providers.

#### PAYING for healthcare.

**Premium:** This is the amount paid each month for your health insurance. Sometimes your

employer pays a portion of the premium, and you pay the rest.

Besides your monthly premium, you may pay other, "out of pocket" expenses:

Coinsurance: You will pay a percentage of the cost of covered services. The most common coin-

surance involves the insurance covering 80 percent of the cost and 20 percent

would be your "out of pocket" responsibility.

**Copayment:** or "Copay". You will pay a specified flat amount per unit of service or unit of time (e.g., \$20 per visit, \$100 per day), while the insurer pays the remaining costs. The

amount paid by the covered individual does not vary with the cost of the service (unlike co-insurance, which is payment of some percentage of the cost).

**Deductible:** There are two common forms of deductibles:

(1) You will pay a certain dollar amount before the insurance plan will pay anything, or (2) you will pay your coinsurance or copayment amounts up to a certain amount,

and then the insurance will pay costs after that.

NOTE: This chart contains generalizations; prices and benefits vary widely. For further information check your health plan materials or with the Colorado Division of Insurance at www.dora.state.co.us/insurance/

#### KEY:

- ✓ no, or very rarely
- ✓✓ may be offered, often at an additional cost
- $\checkmark\checkmark\checkmark$  usually offered
- ✓✓✓✓ offered as part of the plan
- \*NCQA National Committee for Quality Assurance (see page 2)
- \*\*HEDIS® Health Plan Employer Data Information Set is a selection of measures on effectiveness of health care assessed by NCQA.

## MAKING Decision Worksheet CHOICES

### What plan is best for me?

Build on your expectations and use information from Health Matters. your employer, the health plans, and other resources to decide about the health plan that's right for you and your family.

Use this page as your guide through these steps toward your health care decision!

- ✓ Set expectations
- ✓ Gather information
- ✓ Make a choice
- Online information



pot

NOTE: HMO and POS data are

Printed information



name of plan(s)

Yes or No

Yes or No

Yes or No

Yes or No

#### Answer these questions!

■ Make notes as you need to!

aread employer or plan documents

- Mrite down the names of plans you have to choose from in the appropriate column.
- Do I have a favorite physician or other provider? If no, skip this question. Are they in the network?
  - If yes, find out if they are in the network by: Yes or No. Yes or No. 💻 see physician or plan website. 🕿 call plan or doctor's office
- Do I have a hospital that I prefer? If no, skip this question and the next question. Is the hospital in the network? If yes, find out if the hospital is in the network by:
- Yes or No Yes or No Yes or No see hospital or health plan website. The call health plan or doctor's office
- Does the hospital I prefer participate in the Leapfrog initiative to improve safety? Does the hospital participate? ■ see www.leapfroggroup.org □ read Health Matters, page 11
- Are the benefits I need covered?
- Yes or No Yes or No Yes or No Some plans do not cover or provide limited benefits for prescriptions, mental health treatment, hospice, medical equipment or preventive services.
- Does the plan have special services that I might need? Yes or No Yes or No Yes or No
- Examples are special programs for asthma, diabetes or other conditions. read employer or plan documents. The call health plan
- What premium cost will I have for the year? \_/yr \$\_\_\_\_ /vr \$
- see rates filed for small businesses at www.dora.state.co.us/Insurance/mainmenu/htm
  - nead employer or plan documents
- What out-of-pocket costs do I expect for next year? deductible: Consider: inpatient, outpatient hospital, pharmacy and physician costs. If you take prescription coinsurance: coinsurance: coinsurance: drugs, compare the coverage and cost of these drugs in different plans. Each plan has a preferred
  - drug list (called a formulary), and the cost of the drug depends on your company or the health copays: conavs: copays: plan's benefit design.
- 💷 read employer or plan documents 🌋 call health plan 💂 see health plan web site ■ What is a "worse case" for out-of-pocket costs, such as a major accident, deductible: surgery or cancer?
  - coinsurance: coinsurance: Consider inpatient, outpatient hospital, pharmacy and physician costs. coinsurance: \$ read employer or plan documents
- Total expected costs for the year.
- Total "worse case" costs for the year. /vr \$ /vr \$

#### Now, consider more about quality health care!

- Do I need information about this health plan's complaint levels? complaint ratio complaint ratio complaint ratio read Health Matters, page 2. 
  see www.dora.state.co.us/Insurance/mainmenu/htm
- name of plan name of plan may be offered, ■ Does this kind of plan make efforts to improve health care quality? often at additional cost, See Types of Plans on page 3.
  - read *Health Matters*, page 2,3, 5-9 check with plan
- not common., call the plan name of plan ■ Does the plan I am considering meet accreditation quality standards? name of plan 💷 read *Health Matters*, page 2. 💻 see *www.ncqa, jcaho* or *www.urac.org.* 🅿 call health plan directly
- How does the plan I am considering rank on customer satisfaction? name of plan name of plan no data for consumers read *Health Matters*, page 9. Rese www.ncga.org to compare
- no data for name of plan name of plan ■ How well does the health plan promote the best health care for my needs? Keeping me healthy with cancer screening and prenatal care. to compare Managing mental health needs.

#### The best care for chronic conditions. Make vour choice!

Consider the options, your preferences, and your costs.

Which plan offers the most for you?



## Women & Children's Health

Concerned about keeping healthy? Have a chronic condition? See how well plans promote quality health care. Then transfer this information to your worksheet on page four.

The information included here represents HMO and POS members, but does not include results for PPO, indemnity or Medicare members.

Breast cancer screening				
Healthy People 2010 Goal—60% for women ages 52 to 64				
Kaiser Permanente		<b>78</b> %		
PacifiCare of Colorado		74%		
NCQA Benchmark		81%		

Cervical cancer screening
Healthy People 2010 Goal — 85%

Healthy People 2010 Goal -	— 85%
Kaiser Permanente	80%
PacifiCare of Colorado	84%
NCQA Benchmark	86%

#### Why is it important to me?

Breast cancer is the second most common type of cancer among American women. Early detection results in more treatment options and much greater chances of survival. Mammography along with clinical breast examinations can reduce death from breast cancer by 20 to 40 percent in women over age 50. If all U.S. women over 40 received mammograms every two years, an additional 10,000 cases of cancer would be found in an earlier, more treatable stage. The American Cancer Society estimates there are 182,800 new cases and 40,800 deaths from breast cancer each year.

#### Why is it important to me?

Cervical cancer can be detected by a simple test called a Pap test. Since doctors started using the Pap test, deaths from cervical cancer have been reduced by more than 80%. About 6,800 cases of cervical cancer could be detected at an earlier stage if all U.S. women received screening. The American Cancer Society estimates there are 12,800 new cases and 4,600 deaths from cervical cancer each year.

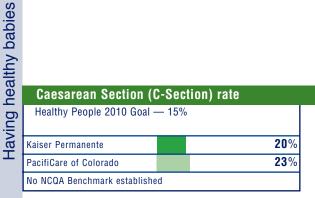
## Childhood immunizations are important!

No measures are reported this year, however children should get all recommended immunizations, on time. Childhood immunizations help prevent serious illnesses, such as polio, measles and meningitis as they may be life threatening or cause life long disability.

Timeliness of prenata	al care
Healthy People 2010 Goal	— 90%
Kaiser Permanente	93%
PacifiCare of Colorado	90%
NCQA Benchmark	95%

#### Why is it important to me?

Proper care provided by your doctor, beginning in early pregnancy, is the best preventive medicine for a healthy baby. It is important that the mother is living a healthy lifestyle, has a proper diet and is taking vitamins for best outcomes in birth weight and overall health of the baby. Colorado ranks higher than the national average for low birthweight babies. The chance of death for a low birthweight baby is 40 times higher in the first four months of life than for an average weight baby.



#### Why is it important to me?

A Caesarean Section (or C-Section) is a surgery to deliver a baby. A C-Section is necessary when a vaginal delivery presents a danger to the mother or child. However, C-Section also increases the risk of complications to both. The goal should be to have neither too few nor too many Caesarean Section surgeries.

### **Mental Health**

There are an estimated five million adults in America with severe mental illness, and about 1.9 million are hospitalized each year. Four of the 10 leading causes of disability are due to mental health disorders.

#### Why is this important to me?

Major depression affects 18 million Americans each year, although 80% can be treated quickly and effectively with medication and counseling. It is a leading cause of decreased productivity, and lost work days from absenteeism and disability at an annual cost of \$23 billion. Important facts are:

- It is not a character weakness
- It can be successfully treated
- Antidepressants are **not** addictive
   Studies show that the majority of persons with depression:
- do not see their doctor or mental health professional often enough
- don't take the right amount of medication
- don't take the medication for enough time.

#### **Managing Depression**

Find a depression tracking log to organize your information from Colorado Clinical Guidelines. These forms were developed by leading experts.

You and your doctor can download this form at www.coloradoguidelines.org

Follow-up after hospitalization for mental illnes			
Do members get timely fol	low-up care?	!	
Kaiser Permanente	92%	]	
PacifiCare of Colorado	77%		
NCQA Benchmark	87%		

5 million Americans with mental illness

#### Why is it important to me?

About 1.9 million Americans are hospitalized for mental illness each year. After a person is discharged from the hospital, they should have an outpatient visit with a mental health practitioner within 30 days. This helps the patient's transition back to a normal home and work environment.

#### Managing medication for depression — the first 12 weeks

Do members get help early to get the right medication?			
Kaiser Permanente		<b>72</b> %	
PacifiCare of Colorado		64%	
NCQA Benchmark		<b>70</b> %	

Many patients with depression stop taking their medicines too soon. What percent of patients complete their first 12 weeks of treatment?

## Managing medication for depression — over 6 months

Do members stay on their medicine for a full course of treatment?			
Kaiser Permanente		59%	
PacifiCare of Colorado		49%	
NCQA Benchmark		54%	

Many patients with depression stop taking their medicines too soon. What percent of patients complete a full six months of medication?

#### Patients with depression: seeing health care providers often

Jo monitore get amoly renew up care.			
Kaiser Permanente		20%	
PacifiCare of Colorado		28%	
NCQA Benchmark		34%	

Do members get timely follow-up care?

What percent of patients have at least three outpatient visits during the first 12 weeks of treatment? These visits are important to make sure the medication is working.

## **Living With Diabetes**

17 million Americans with diabetes

Eye exams for people	with diabetes
Healthy People 2010 Goal-	
Kaiser Permanente	82%
PacifiCare of Colorado	64%
NCQA Benchmark	66%

#### Why is it important to me?

Diabetes is the leading cause of blindness in people age 20 to 74. 12,000 to 24,000 new cases of blindness occur each year. A dilated retinal examination (not a "vision test") by an eye specialist can detect eye complications related to diabetes. With proper screening and treatment, 8,500 fewer people would go blind each year.

The number of people who have diabetes is rising in this country. About 17 million
Americans have diabetes, and more than 2,000 persons are newly diagnosed each day.
This disease causes high levels of sugar in the blood, and this problem causes damage to eyes, kidneys, blood vessels and the heart.
On average, diabetics who control their blood sugar will live five years longer.

Urine tests for people	e with diabe	tes	
Do members get screened?	?		
Kaiser Permanente			<b>74</b> %
PacifiCare of Colorado			49%
NCQA Benchmark			58%

#### Why is it important to me?

Diabetes is the leading cause of kidney failure. About 100,000 people currently have kidney failure due to diabetes. A simple urine test detects damage to the kidneys. On average, persons with diabetes gain 6 years free from kidney disease if their blood sugar is controlled.

#### Blood tests for people with diabetes: cholesterol and other fats (lipids)

Do members get screened?	?
Kaiser Permanente	<b>89</b> %
PacifiCare of Colorado	<b>91</b> %
NCQA Benchmark	86%

#### Why is it important to me?

Most people with diabetes also have high levels of LDL cholesterol ("the bad cholesterol"). These LDL cholesterol deposits cause blockage inside blood vessel walls, leading to heart disease or stroke.

#### Blood tests for people with diabetes: HbA1c (blood sugar control)

Healthy People 2010 Goal-	-50%
Kaiser Permanente	<b>88</b> %
PacifiCare of Colorado	85%
NCQA Benchmark	89%

#### Why is it important to me?

Persons with diabetes can monitor how well their blood sugar is being controlled over the past two months with a blood test that measures the Hemoglobin A1c or "HbA1c" value. The target is 7 or less. Dropping the test result from "8" to "7" can reduce your risk of eye and kidney damage 35%.

#### **Managing Diabetes**

You and your doctor may be able to track your health using tracking logs that organize your information. These forms were developed by leading experts. You and your doctor can download them at www.coloradoguidelines.org

Find more information from the American Diabetes Association at <a href="http://www.diabetes.org">http://www.diabetes.org</a>

Your health plan may offer its members an added benefit: special programs (disease management programs) that offer special help to members with diabetes or heart disease. Call your plan and ask.

### **Heart Health**

13 million Americans with heart disease

There are over 500,000 deaths each year due to heart disease. Heart disease is the number one killer of men and women in America. About one million new cases are identified each year.

Advice to quit smokil	1g				
Healthy People 2010 Goal—reduce number of persons who smoke or use tobacco					
Kaiser Permanente	Not applicable				
PacifiCare of Colorado		<b>75</b> %			
NCQA Benchmark		74%			

#### Why is it important to me?

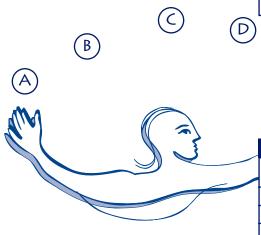
Nearly 48 million Americans smoke. 70% of smokers report that they would like to quit. Smoking is the leading preventable cause of death in the U.S. It causes more than 400,000 deaths each year from heart disease, cancer and lung disease. People who smoke are 30% more likely to quit if their doctor advises it. About 50% of lifelong smokers will die from a smoking related illness.

Out of 17 million Americans with diabetes, 65% will die from heart disease or stroke.

Beta blocker treatment after heart attack								
Do members get the medication they need?								
Kaiser Permanente	100%							
PacifiCare of Colorado	96%							
NCQA Benchmark	95%							

#### Why is it important to me?

According to the American Heart Association, heart disease is the number one cause of death in America. Heart disease causes an average of one death every minute. Beta blockers are drugs that effectively reduce risks of a second heart attack and death. As many as 1,200 lives could be saved every year if patients who are good candidates for beta blockers after a heart attack receive this medication when they leave the hospital.





#### Cholesterol screening after heart attack

Do members get screened?

Kaiser Permanente 94%
PacifiCare of Colorado 82%
NCQA Benchmark 83%

#### Why is it important to me?

Elevated cholesterol (the "bad" cholesterol, or LDL) is a major risk factor for heart disease. LDL cholesterol deposits block the flow of blood through blood vessels, which causes heart disease and stroke. Nearly 50 million people in this country have high cholesterol. About 40% of people with high cholesterol will eventually die from heart disease. Screening and control of LDL cholesterol can prevent heart attacks, and can help save lives.

## Know your ABC's of Diabetes and Heart Health

Hb A 1c (diabetes only blood test)

B lood pressure

C holesterol

Diet Exercise

To know more, contact:

- your doctor
- health plan web sites
- Colorado Diabetes Association
- Colorado Heart Association

#### Can I trust this information about health plans?

Physicians and scientists develop the standards. All health plans must use the same standards. Only AUDITED information is reported here. Independent auditors verify the way that health plans collect and measure information.

Results are **Not reported** if they are not statistically significant due to insufficient sample size, unaudited data, or the data collection processes do not conform to published standards.

#### What plans are included in this report?

Most Colorado plans are reported here. The plans reporting results here provide leadership in bringing quality information to consumers.

#### What are NCQA Benchmark plan scores?

This score defines excellence. It is the 90th percentile score for all health plans in the country that report their information to NCQA (National Committee for Quality Assurance) as of January 2002.

#### What are Healthy People 2010 goals?

They are national goals for the year 2010 for many prevention efforts. These goals were created by a team of experts working with the Public Health Service in 1999.

## HOW SATISFIED ARE HMO AND POS MEMBERS?



#### Satisfaction Surveys

Compare how other consumers rate services from their health plan.

	1. Overall rating of the health plan	2. Overall rating of health care	understanding information from written materi-	4. Getting help when you called health plan customer service	5. Ease of choosing a personal nurse or physician	6. Delays in health care while you waited for approval from health plan	7. Getting to see a specialist
Kaiser Permanente	•	0	•	•	•	•	0
PacifiCare of Colorado	•	•	•	•	•	0	•

This chart compares plan scores to the average of eight Colorado HMO plans.

significantly higher than the average of participating Colorado health plans

similar to the average of participating Colorado health plans

 $\begin{picture}(60,0)\put(0,0){\line(0,0){19}} \put(0,0){\line(0,0){19}} \put(0,0)$ 

#### These bar charts give you another way of looking at the Satisfaction Survey information.

1. Overall rating of the	health plan		
Kaiser Permanente	21% 43	3 29	7
PacifiCare of CO	<b>12</b> % 4	5 35	8
All plan average	13% 43	3 36	8

0-10 scale with 10 = best rating possible	10	8-9	5-7	0-4

2. Overall rating of the	health care	1		
Kaiser Permanente	20%	47	27	6
PacifiCare of CO	22%	53	23	3
All plan average	21%	52	23	4

7111 plair average	21/0	02		20	ш
0-10 scale with 10 = hest rating possible	10	8-9	5-7	0-4	

Finding or understanding information from written materials or internet					
Kaiser Permanente	65%		28	7	
PacifiCare of CO	52%		37	12	
All plan average	51%		38	11	

no problem small problem big problem

4. Getting help when you of customer service	called health pla	an	
Kaiser Permanente	51%	29	19
PacifiCare of CO	55%	29	16
All plan average	55%	29	16

no problem small problem big problem

5. Ease of choosing a personal nurse or physician						
Kaiser Permanente	66%	25	9			
PacifiCare of CO	66%	23	11			
All plan average	63%	26	11			

no problem small problem big problem

Delays in health care while you waited for approval from health plan			
Kaiser Permanente	93%	5 2	
PacifiCare of CO	80%	14 5	
All plan average	85%	11 4	

no problem small problem big problem

7. Getting to see a speciali	ist	
Kaiser Permanente	62%	27 11
PacifiCare of CO	72%	20 8
All plan average	68%	21 10

no problem small problem big problem

#### Can I trust this information?

- The survey is conducted by INDEPENDENT certified research firms. The research firms select the sample and compile the results.
- Over 5,000 Coloradans who were enrolled in their plan for at least one year were surveyed.

### Where can I find information like this for my PPO or other type of insurance?

 No other kinds of insurance plans will give consumers information like this.

#### About the satisfaction survey:

This standard survey changed slightly this year. Answers to questions 3, 6, and 7 cannot be trended from last year. The test of statistically significant differences in the satisfaction survey summary is based on comparison of selected categories to the average of the eight HMO plans. For questions 1 and 2, the responses in the "8, 9 and 10" category is used as the basis for comparison of significant difference. For questions 3 through 7 the comparison is to the "no problem" category.



## WHAT ABOUT PATIENT SAFETY IN HOSPITALS?

THE LEAPFROG GROUP for Patient Safety proposes that hospitals take THREE LEAPS which scientific evidence shows will reduce deaths and injury due to preventable medical mistakes.

Patient safety is one of the nation's most pressing health care challenges. Choosing the right hospital can make a big difference to your health.

To Err Is Human: Building a Safer Health System—the 1999 Institute of Medicine report—estimates that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of problems in patient safety. Every hour, 10 Americans die in a hospital due to avoidable errors; another 50 are disabled. For too many patients, the wrong medicines are given or the wrong tests are done.

The LEAPFROG GROUP is working to reward hospitals that make improvements in care. More than 140 public and private organizations representing over 34 million consumers belong to the LEAPFROG GROUP! The Colorado Business Group on Health joined in 2001. The LEAPFROG safety leaps are designed to change the system of health care, not to punish someone for accidents.

#### What should hospitals do?

Hospitals should report their efforts to the LEAPFROG GROUP.

## Are most hospitals in the U.S. meeting these leaps?

Not yet. Nationwide 46% hospitals responded to LEAPFROG's survey. Many of those reporting are now working on these important initiatives.

Computerized medication order systems are instituted in 5.1% reporting hospitals and 17.5% indicated plans to do so by 2005.

Intensive care units staffed at least eight hours a day by critical care specialists are present in 22% of reporting hospitals and another 6% plan to enlist critical care specialists by next year.

#### Should every hospital report?

NO. Only the larger hospitals in urban areas are expected to join the LEAPFROG effort. Rural hospitals are now working with purchasers and experts to design better safety systems for them.

#### What should I do?

Choose the safest hospitals.

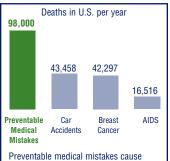
Ask the following questions:

- Do your doctors always use computer systems to order prescription medication?
- Does the hospital have full-time doctors certified in critical care?
- How many operations did the hospital perform last year?

To see if your hospital reported to the LEAPFROG survey go to www.leapfroggroup.org/consumer\_intro1.htm and select View Survey Hospital Results at the bottom of the web page. If it is, Bravo! Call and commend them for reporting. Preventable medical mistakes are a problem you can do something about. If it has not yet reported, call the hospital Director for Quality and ask when they will.

## Colorado hospitals that have not yet reported to the LEAPFROG GROUP as of July 31, 2003.

Hospital	City	Reported in 2002
Boulder Community Hospital	Boulder	no
Community Hospital	Grand Junction	yes
ongmont United Hospital Longmont		no
McKee Medical Center	Loveland	no
National Jewish Medical & Research Center	Denver	yes
Rose Medical Center	Denver	yes
St. Mary's Hospital & Medical Center	Grand Junction	yes
University of Colorado Hospital	Denver	no



Preventable medical mistakes cause more deaths per year than car accidents, breast cancer or AIDS.

Source: Institute of Medicine

#### Five Steps to Safer Health Care.

#### 1. Ask questions if you have doubts or concerns.

Ask questions and make sure you understand the answers. Choose a doctor you feel comfortable talking to. Take a relative or friend with you to help you ask questions and understand the answers.

#### 2. Keep and bring a list of ALL the medicines you take.

Give your doctor and pharmacist a list of all the medicines that you take, including non-prescription medicines. Tell them about any drug allergies you have. Ask about side effects and what to avoid while taking the medicine. Read the label when you get your medicine, including all warnings. Make sure your medicine is what the doctor ordered and know how to use it. Ask the pharmacist about your medicine if it looks different than you expected.

#### 3. Get the results of any test or procedure.

Ask when and how you will get the results of tests or procedures. Don't assume the results are fine if you do not get them when expected, be it in person, by phone, or by mail. Call your doctor and ask for your results. Ask what the results mean for your care.

#### 4. Talk to your doctor about which hospital is best for your health needs.

Ask your doctor about which hospital has the best care and results for your condition if you have more than one hospital to choose from. Be sure you understand the instructions you get about follow-up care when you leave the hospital.

#### 5. Make sure you understand what will happen if you need surgery.

Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation. Ask your doctor, "Who will manage my care when I am in the hospital?" Ask your surgeon:

• Exactly what will you be doing? • About how long will it take? • What will happen after the surgery? • How can I expect to feel during recovery? Tell the surgeon, anesthesiologist, and nurses about any allergies, bad reaction to anesthesia, and any medications you are taking.

Source: Five Steps to Safer Health Care. Patient Fact Sheet. July 2003. http://www.ahrq.gov/consumer/5steps.htm

# LEAPING TOWARD HIGHER STANDARDS Is the quality hospital you want available in the plan you are considering?

	Leap 1 An Rx for Rx. Do your doctors always use computer systems to order prescription medication?	Leap 2 Sick people need special care. Does the hospital have full-time doctors certified in critical care? Physicians with special training in	Leap 3 Practice makes perfect. How many operations did the hospital perform last year?  Patients should be able to choose hos-
Consider the similarity of the of these medications:  Codeine  used to treat  used to treat  used to treat  moderate pain  Colorado Hospitals report to LEAPFRO	at least 50% if hospitals were to implement computer systems for prescribing and administering medications.	critical care medicine should manage hospital Intensive Care Units (ICUs).  160,000 lives would be saved each year if patients are treated in ICUs that are staffed by physicians with special training.	pitals and clinical teams that have better results on certain procedures. Your chances of getting better results depend on the experience of the hospital and the clinical team.  Over 4,500 lives would be saved in one year, researchers found, if patients went to hospitals that had highest volumes of the five selected procedures and treatments.
Centili Centili Control Contro	Computerized Physician Order Entry	Intensive Care Unit Physician Staffing	Procedures Meets Volume Targets
Centura Health-Perrose St. Francis Centura Health-Perrose St. Francis Centura Health-Perrose St. Francis Centura Health-Porter Adventist Hospital Centura Health-St. Anthony	0		
Colo. Fran		•	Devoutence of Covernment Intervention
Sentura Health Contist Hospings	0	•	Percutaneous Coronary Intervention Exceed
		•	Percutaneous Coronary Intervention Exceed
Centura Health-St. Anthony North Hospital  Centura Health-St. Mary-Corwin Center  Children's Levelo	•	•	Percutaneous Coronary Intervention Exceed
St. Mary-Corwin Cospital	0	•	
Children's Hospital  Exemple  Exemple	0	•	
Children's Hospital  Exempla Lutheran Medical Center	•	N/A	High Risk Deliveries & Neonatal ICUs Exceed
Lutheran Medical Center	•		
Exempla Lutheran Medical Center  Exempla St. Joseph Hospital  Medical	•	•	Percutaneous Coronary Intervention Exceed
Center	G	•	Percutaneous Coronary Intervention Abdominal Aortic Aneurysm Repair High Risk Deliveries & Neonatal ICUs Exceed
Memorial L	•	•	Percutaneous Coronary Intervention Exceed
Memorial Hospital  North Colorado Medical Center  North Suburban Medical Center  Parkview Medical  Plant Suburban Medical Center	•	•	Percutaneous Coronary Intervention Abdominal Aortic Aneurysm Repair High Risk Deliveries & Neonatal ICUs Exceed Exceed
Pan Medical Conference	•	•	Percutaneous Coronary Intervention Exceed
Parkview Medical Center  Platte Valley Medical Center	•	•	
alley Medical Pueblo	•	•	Percutaneous Coronary Intervention Exceed
Platte Valley Medical Center Plesbyterian St. Pour	•	•	
Presbyterian/St. Luke's Medical Center  Poudre Valley Spaulding Rehabilitation Hospital  Swedish Medica		•	Percutaneous Coronary Intervention Exceed
Rehabilitation !	•	•	Percutaneous Coronary Intervention Exceed High Risk Deliveries & Neonatal ICUs Exceed
Swedish Medical Center	•	0	THE THINK DOINGTION & NOOHALAI 1003 EXCEED
" Center	•	•	Percutaneous Coronary Intervention Exceed
	Fully implemented LEAPFROG's recommended safety Good progress in implementing LEAPFROG's rec Good early stage effort in implementing LEAP	y practice. ommended safety practice.	High Risk Deliveries & Neonatal ICUs Exc The information is compiled from the answers hospitals provided. The LEAPFROG GROUP does not independently verify the accuracy of the information.



### RESOURCES

#### Consider other sources of information.

- · Check the materials your employer provides.
- Call the health plan for more information. Does the plan offer providers you want, coverage levels you need, offer special programs (like disease management, smoking cessation), address your special needs like language accessibility and location?

Visit websites of health plans that are interested in quality to learn about features and programs they offer.

Kaiser Permanente HMO .......www.kaiserpermanente.org
PacifiCare of Colorado .....www.pacificare.com

#### More patient safety and medical errors information



Agency for Healthcare Research and Quality

This federal agency publishes important studies about quality and safety. www.ahrq.gov

#### Colorado Business Group on Health

Your Colorado resource on health care quality.

www.coloradoHEALTHonline.com

#### Colorado Clinical Guideline Collaborative

Colorado's resource for "best-practice" guidelines for physicians and patients. http://www.coloradoguidelines.org

#### The Colorado Division of Insurance

Publishes premium costs for small businesses, consumer information and complaints.

www.dora.state.co.us/Insurance

#### Institute of Medicine

To Err Is Human: Building a Safer Health System

Crossing the Quality Chasm (located on 2000 Reports page.)

www.iom.edu

#### Joint Commission on Accreditation of Healthcare Organizations

Accreditation and performance reporting for hospitals and other healthcare organizations.

www.jcaho.org and www.urac.org

#### LEAPFROG GROUP

Business leaders are forging a new path in patient safety for their employees and all citizens.

www.leapfroggroup.org

#### National Committee for Quality Assurance

Accreditation and performance reporting for health plans and other healthcare organizations.

www.ncqa.org

#### U.S. Department of Health and Human Services

This federal agency publishes health information on everything from diseases, drug information and statistics to locating a nursing home.

www.healthfinder.gov

#### URAC (American Accreditation HealthCare Commission)

Accreditation and other programs for Preferred Provider Organizations. www.urac.org



#### PARTNERS IN QUALITY

#### The Colorado Business Group on Health

is a non-profit coalition representing large purchasers of one of your most important benefits — health care services. By working together, we can assure that consumers have the best possible information on health care quality. The CBGH and Colorado health plans have been working on the "big picture" of health care quality since 1996.

#### Members:

AIMCO

City and County of Denver

City of Littleton

Coors Brewing Company

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Exempla Healthcare

GlaxoSmithKline

Hospice of Metro Denver

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New West Physicians

Pfizer Inc.

Rocky Mountain Cancer Centers

For more information, contact Colorado Business Group on Health at 303-922-0939 or www.coloradoHEALTHonline.com

#### Health Matters cares what you think.

To express what else you would like to see in this report find a feedback form at:

http://www.coloradoHEALTHonline.com

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